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**FACSIMILE TRANSMISSION COVER SHEET**

DATE: May 31, 2005

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NUMBER OF PAGES INCLUDING THIS COVER SHEET: 21

FROM: Mitchell K. McCarthy, Registration No. 38,794

TO: Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

| ADDRESSEE/ORGANIZATION | FAX NO.      | TELEPHONE NO. |
|------------------------|--------------|---------------|
| Art Group 3729         | 703/872-9306 | 866/217-9197  |
|                        |              |               |

RE: Application No. 09/981,556  
In re application of: Arnold G. Slezak  
Assignee: Seagate Technology LLC  
Dkt. No.: P1535US01

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PATENT  
Dkt. P1535US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Arnold G. Slezak  
Assignee: SEAGATE TECHNOLOGY LLC  
Application No.: 09/981,556 Group No.: 3729  
Filed: 10/17/2001 Examiner: A. Tugbang  
For: METHOD TO REDUCE SERVO PATTERN RUNOUT ON A PREWRITTEN DISC

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

☒ facsimile transmitted to the Patent and Trademark Office, (703) 872 - 9306.

TRANSMISSION

Date: May 31, 2005

Signature

Diana C. Anderson

(type or print name of person certifying)

#312928

Amendment Transmittal—page 1 of 2

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)                                       |                                           | <del>OTHER</del> THAN A <del>SEMI</del> ABLE ENTITY |                                      |   |                                |                     |                  |
|------------------------------------------------|-------------------------------------------|-----------------------------------------------------|--------------------------------------|---|--------------------------------|---------------------|------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                     | HIGHEST NO<br>PREVIOUSLY<br>PAID FEE |   | PRESENT<br>ADDIT.<br>EXTRA FEE |                     |                  |
| TOTAL                                          | 31                                        | -                                                   | 31                                   | = | 0                              | x \$                | 50.00 = \$ 0.00  |
| INDEP.                                         | 5                                         | -                                                   | 5                                    | = | 0                              | x \$                | 200.00 = \$ 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                     |                                      |   |                                | + \$                | 0.00 = \$ 0.00   |
|                                                |                                           |                                                     |                                      |   |                                | TOTAL<br>ADDIT. FEE | \$ 0.00          |

5. No additional fee for claims is required.  
Authorization is hereby made to charge the amount of \$120.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

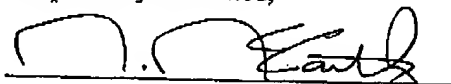
Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 06-0540. A duplicate of this paper is attached.

## FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Deposit Account No. 06-0540.  
If an additional fee for claims is required, charge Deposit Account No. 06-0540.

Respectfully submitted,

Date: 5/31/2005



Mitchell K. McCarthy, Registration No. 38,794  
Randall K. McCarthy, Registration No. 39,297  
Fellers, Snider, Blankenship, Bailey & Tippens, P.C.  
100 N. Broadway, Suite 1700  
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Fee: \$120.00

CERTIFICATION UNDER 37 C.F.R. § 1.817

I hereby certify that, on the date shown below, this correspondence is being:

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TRANSMISSION

facsimile transmitted to the Patent and Trademark Office, (703) 872 - 9306

Date: May 31, 2005

Signature

Diana C. Anderson

(type or print name of person certifying)

#312928

Amendment Transmittal-page 1 of 2

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)                                       |                                      | <del>OTHER</del> THAN A <del>SMALL</del> ENTITY |        |           |   |            |                   |
|------------------------------------------------|--------------------------------------|-------------------------------------------------|--------|-----------|---|------------|-------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      | HIGHEST NO<br>PREVIOUSLY<br>PAID FEE | PRESEN                                          | ADDIT. | EXTRA FEE |   |            |                   |
| TOTAL                                          | 31                                   | -                                               | 31     | =         | 0 | x \$       | 50.00 = \$ 0.00   |
| INDEP.                                         | 5                                    | -                                               | 5      | =         | 0 | x \$       | 200.00 = \$ 0.00  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                      |                                                 |        |           |   | +          | \$ 0.00 = \$ 0.00 |
|                                                |                                      |                                                 |        |           |   | TOTAL      |                   |
|                                                |                                      |                                                 |        |           |   | ADDIT. FEE | \$ 0.00           |

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Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## Applicant Initiated Interview Request Form

Application No.: 09 /981,556 First Named Applicant: Arnold G. Slezak  
Examiner: A. Tugbang Art Unit: 3729 Status of Application: Pending

### Tentative Participants:

(1) Examiner Tugbang (2) Mitchell K. McCarthy  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: To be determined by Examiner  
after review of amendment.

Proposed Time: \_\_\_\_\_ (AM/PM)

### Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

## Issues To Be Discussed

| Issues<br>(Rej., Obj., etc)                                       | Claims/<br>Fig. #s | Prior<br>Art | Discussed                | Agreed                   | Not Agreed               |
|-------------------------------------------------------------------|--------------------|--------------|--------------------------|--------------------------|--------------------------|
| (1) <u>Restriction</u>                                            | <u>1</u>           | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <u>Restriction</u>                                            | <u>25</u>          | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <u>Restriction</u>                                            | <u>30</u>          | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) _____<br><input type="checkbox"/> Continuation Sheet Attached | _____              | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Brief Description of Arguments to be Presented:

Claims 1, 25 and 30 and claims depending therefrom are allowable.

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

Mitchell K. McCarthy  
Typed/Printed Name of Applicant or Representative

38,794  
Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.